

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	3/15/01
FORMALITY REVIEW	T.H.	953	03-28-01
RESPONSE FORMALITY REVIEW	A	676	05/22/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	✓ 7/1/01
2	✓ 7/1/01
3	✓ 7/1/01
4	✓ 7/1/01
5	✓ 7/1/01
6	✓ 7/1/01
7	✓ 7/1/01
8	✓ 7/1/01
9	✓ 7/1/01
10	✓ 7/1/01
11	✓ 7/1/01
12	✓ 7/1/01
13	✓ 7/1/01
14	✓ 7/1/01
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40	✓ 7/1/01
41	✓ 7/1/01
42	✓ 7/1/01
43	✓ 7/1/01
44	✓ 7/1/01
45	✓ 7/1/01
46	✓ 7/1/01
47	✓ 7/1/01
48	✓ 7/1/01
49	✓ 7/1/01
50	✓ 7/1/01

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
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C-6  
03-21-01